

North Carolina State Board of Certified Public Accountant Examiners

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EXPERIENCE AFFIDAVIT - TEACHING

This form is a supplement to the *Experience Affidavit*. The **direct supervisor** should complete both forms and attach this supplement to the *Experience Affidavit*.

First Name	Middle Name	Last Name	Jr./Sr./III
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The applicant was teaching at this institution for the period beginning _____ (month/day/year) and ending (date of termination or today's date) _____ (month/day/year). This school is on the (check one) _____ quarter _____ semester system and considers a minimum of _____ quarter/semester hours per (check one) _____ quarter _____ semester _____ year as full-time teaching. Below is a listing of courses taught.

Please refer to 21 NCAC 08F .0409 for the rules regarding teaching experience. You may copy this form if necessary, but each page must bear the school seal and the signature of the chair of the department or the dean of the school.

Qtr./Sem./Yr. _____	Qtr./Sem./Yr. _____	Qtr./Sem./Yr. _____			
Course Title	Hrs.	Course Title	Hrs.	Course Title	Hrs.
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Qtr./Sem./Yr. _____	Qtr./Sem./Yr. _____	Qtr./Sem./Yr. _____			
Course Title	Hrs.	Course Title	Hrs.	Course Title	Hrs.
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Printed Name	Signature	Date
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School	SEAL
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